

2015

City of Seguin

**Learn To Swim Program**

Swimming Lesson Registration Form

*Please Circle Level*

Session:	I	II	III
Time: 9:00	<u>1</u>	<u>1</u>	<u>1</u>
10:00	<u>2</u>	<u>2</u>	<u>2</u>
11:00	<u>P&amp;M or 3</u>	<u>3</u>	<u>P&amp;M or 3</u>

**Session I – June 16-June 26**

**Session II – July 7 -July 17**

**Session III – July 21 – July 31**

**45 minute sessions Tuesday –Friday only \$35 per session**

Note: In the event a participant is registered for a session and cannot attend, refunds will **not** be allowed, and transfers will only be permitted if space is available in the desired session.  
Children must be 6 months – 4 years of age and wear swim diapers for the Parent & Me classes.

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

IN CASE OF EMERGENCY, contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Or: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name & Phone #: \_\_\_\_\_

List any disabilities or restrictions including allergies: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL RELEASE/WAIVER**

At all times while my child is participating in or attending a City of Seguin Parks and Recreation Program("Program"), I (parent/guardian) \_\_\_\_\_ do authorize emergency medical treatment for my child, including authorization to the City of Seguin, EMS and any other medical provider (1) to provide or arrange for emergency medical treatment to my child; and/or (2) to transport my child, via EMS vehicle or otherwise, to a hospital or other medical facility. I understand that every reasonable effort will be made to contact me or other family member of the child as soon as possible in case of an accident, injury or other medical emergency. In consideration for participation in the Program, I, on behalf of my child, myself and any other parent or guardian of my child, assume all risks and hazards to my child incidental to participation in the Program, and waive and release all rights and claims for damages my child, I or any other parent or guardian of my child may have against City of Seguin and their employees, officers and volunteers. I, on behalf of myself and any other parent or guardian of my child, agree to indemnify and hold harmless the City of Seguin and their employees, officers and volunteers from any and all claims and damages, including punitive damages, related to any injury, illness or other medical condition my child may receive or incur while participating in the Program or to medical treatment of my child authorized above.

\_\_\_\_\_  
Signature

/ \_\_\_\_\_  
Date

\_\_\_\_\_  
Receipt # & Date (Office Use Only)